



09-16-02-

RCE 174806065 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Roman Sobolewski et al.  
Assignee: Schlumberger Technologies, Inc  
Title: Superconducting Single Photon Detector  
Application No.: 09/628,116 Filing Date: July 28, 2000  
Examiner: Timothy J. Moran Group Art Unit: 2878  
Docket No.: M-8821 US

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San Jose, California  
September 13, 2002

BOX RCE  
COMMISSIONER FOR PATENTS  
Washington, D. C. 20231

REQUEST FOR CONTINUED EXAMINATION (RCE)

Dear Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application.

Please consider the Response to Office Action and Petition for Extension of Time, which is submitted herewith.

The RCE fee required under 37 C.F.R. § 1.17(e) is authorized in an accompanying transmittal letter.

Please contact the undersigned attorney with any questions concerning this request or the above-identified patent application.

EXPRESS MAIL LABEL NO:

EV 174 806 065 US

Respectfully submitted,

*Norman R. Klivans*  
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SEP 13 2002

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Docket No. M-8821 US

Box RCE

Commissioner For Patents  
Washington, D.C. 20231

Re: Applicants: Roman Sobolewski et al.  
Assignee: Schlumberger Technologies, Inc. and University of Rochester  
Title: Superconducting Single Photon Detector  
Application No.: 09/628,116  
Examiner: Timothy J. Moran  
Docket No.: M-8821 US  
Filed: July 28, 2000  
Group Art Unit: 2878

Dear Sir:

Transmitted herewith are the following documents in the above-identified application:

- (1) Return Receipt Postcard;
- (2) This Transmittal Form (1 pg) in duplicate;
- (3) Request for Continued Examination (1 pg);
- (4) Response to Office Action (4 pgs); and
- (5) Petition for Extension of Time (1 pg)

☒ The fee has been calculated as shown below:

**CLAIMS AS AMENDED**

	Claims Remaining <u>After Amendment</u>		Highest No. Previously <u>Paid For</u>		Present <u>Extra</u>		Rate		Additional <u>Fee</u>
Total Claims	19	Minus	20	=	0	x	\$18.00	\$	0.00
Independent Claims	2	Minus	3	=	0	x	\$84.00	\$	0.00
<input type="checkbox"/>	Fee of _____ for the first filing of one or more multiple dependent claims per application							\$	
<input checked="" type="checkbox"/>	Fee for Request for Continued Examination							\$	740.00
<input checked="" type="checkbox"/>	Fee for Petition for Extension of Time (one month)							\$	110.00
<b><u>Total additional fee for this Amendment:</u></b>								\$	<u>850.00</u>
<input checked="" type="checkbox"/>	Please charge our Deposit Account No. 19-2386 in the amount of							\$	<u>850.00</u>
<input checked="" type="checkbox"/>	Also, charge any additional fees required and credit any overpayment to our Deposit Account No. 19-2386.								
<b>Total:</b>								<b>\$</b>	<b>850.00</b>

EXPRESS MAIL LABEL NO:

EV17430606545

Respectfully submitted,

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